

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)**

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
90710	***	0.01^	measles, mumps, rubella, and varicella vaccine
90711	***	0.01^	diphtheria, tetanus and pertussis, (DPT) and injectable poliomyelitis vaccine.
90712/8	11.07	11.30	poliovirus vaccine, live, oral (any type{2})
90712/9	2.96	3.00	
90713/8	18.49	18.50	poliomyelitis vaccine
90713/9	7.00	7.00	
90714	2.00	4.11	typhoid vaccine
90716	41.99	43.00	varicella (chicken pox) vaccine
90717	Non-covered by Medicaid		yellow fever vaccine
90718	Non-covered by Medicaid		tetanus and diphtheria toxoids absorbed, for adult use (TD)
90719	Non-covered by Medicaid		diphtheria toxoid
90720/08	28.96	29.56	diphtheria, tetanus & pertussis (DPT) Hemophilus influenza B (HIB) vaccine
90720/09	***	7.00	
90721	Added effective 04-01-96	0.01	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) and Hemophilus influenza B (HIB) vaccine

TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)**

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
90724	6.59	6.65	influenza virus vaccine
90725	Non-covered by Medicaid		cholera vaccine
90726	4.10	4.11	rabies vaccine
90727	Non-covered by Medicaid		plague vaccine
90728	Non-covered by Medicaid		BCG vaccine
90730	14.02	14.25	hepatitis A vaccine
90731/08	14.02	14.25	hepatitis B vaccine
90731/09	7.00	7.00	.01 screen up till 5/31/92
90732	12.56	12.69	pneumococcal vaccine, polyvalent
90733	23.00	40.28	meningococcal polysaccharide vaccine (any group(s))
90737/8	17.40	18.00	hemophilus influenza B
90737/9	***	7.00	
90741	Deleted from use on 02-28-87		immunization, passive; immune human globulin (ISG)
90742	Deleted from use on 02-28-87		specific hyperimmune serum globulin (e.g., hepatitis B, measles pertussis, rabies, RH0(D), tetanus, varicella-zoster)

 TN No. 7604 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 9503

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of Michigan**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)**

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
90744	Added effective 04-01-96	0.01	Immunization, active, hepatitis B vaccine, newborn to 11 years
90745	Added effective 04-01-96	0.01	Immunization, active, hepatitis B vaccine, 11 to 19 years
90749	37.41	0.01^	Unlisted immunization procedure

EVALUATION AND MANAGEMENT**OFFICE OR OTHER OUTPATIENT SERVICES**

99201	16.79	16.88	Office or other outpatient--for the evaluation and management of a new patient which requires these. Three key components required: a problem focused history; problem focused examination; and straightforward medical decision making
99202	26.48	26.58	Three key components required: expanded problem focused history; expanded problem focused examination; and straightforward medical decision making
99203	35.66	35.89	Three key components required: detailed history; detailed examination; and medical decision making of low complexity

TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of Michigan**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)**

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99204	51.91	52.38	Three key components required: comprehensive history; comprehensive examination; and medical decision making of moderate complexity
99205	64.54	65.18	Three key components required; comprehensive history; comprehensive examination; and medical decision making of high complexity
ESTABLISHED PATIENT			
99211	8.67	8.73	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of physician
99212	14.49	14.55	Two of these three key components required: problem focused history; problem focused examination; and straightforward medical decision making
99213	19.22	21.00	Two of these three key components required: expanded problem focused history; expanded problem focused examination; and medical decision making of low complexity
99214	30.53	30.65	Two of these three key components required: detailed history; detailed examination; and medical decision making of moderate complexity

TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Michigan
POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99215	46.85	47.34	Two of these three key components required: comprehensive history; comprehensive examination; and medical decision making of high complexity
99241	26.14	\$0.01^^/\$26.38	Three components required: - a problem focused history -a problem focused examination; -straightforward medical decision making (Physicians typically spend 15 minutes)
99242	40.65	\$0.00^^/\$40.93	Three components required: -a problem focused history; -a problem focused examination; -a straightforward medical decision making (Physicians typically spend 30 minutes)
99243	52.48	\$0.01^^/\$52.96	Three components required: -a detailed history; -a problem focused examination; and -medical decision making of low complexity. (Physicians typically spend 40 minutes)
99244	73.51	\$0.00^^/\$74.11	Three key components required: -a comprehensive history; -a comprehensive examination; and -medical decision making of moderate complexity. (Physicians typically spend 60 minutes)

TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MichiganPOLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99245	97.76	\$0.01^^/\$98.36	Three key components required: -a problem focused history; -a problem focused examination; -straightforward medical decision making of high complexity (Physicians typically spend 80 minutes)

CONFIRMATORY CONSULTATIONS
NEW OR ESTABLISHED PATIENT

99271	Non-covered by Medicaid	Three key components required: -a problem focused history; -a problem focused examination; -straightforward medical decision making (Usually the persisting problem(s) are self limited or minor)
99272	Non-covered by Medicaid	Three key components required: -a problem focused history; -a problem focused examination; -straightforward medical decision making (Usually the presenting problem(s) are of low severity)
99273	Non-covered by Medicaid	Three key components required: -a detailed history; -a detailed examination; and -medical decision making of low complexity. (Usually the presenting problem(s) are of moderate severity)

99274 - Non-covered by
Medicaid

per Jim M. P. on 4/8/96 431

TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)**

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99275	Non-covered by Medicaid		Three key components required: -a comprehensive history; -a comprehensive examination; -medical decision making of moderate complexity. (Usually the presenting the presenting problem(s) are of moderate to high severity)
HOME SERVICES NEW PATIENT			
99341	28.50	32.01	Three key components required: -a problem focused history; -a problem focused examination; -medical decision making that is straightforward or of low complexity. (Usually the presenting problem(s) are of low severity)
99342	40.35	40.35	Three key components required: -a problem focused history; -a problem focused examination; -medical decision making of moderate complexity. (Usually the presenting problem(s) are of moderate severity)
99343	52.15	52.19	Three key components required: -a detailed history -a detailed examination; and -medical decision making of high complexity. (Usually the presenting problem(s) are of high severity)

 TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MichiganPOLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99351	23.18	24.64	Three key components required: -a problem focused interval history; -a problem focused examination; -a medical decision making that is straightforward or of low complexity. (Usually the patient is stable recovering or improving)
99352	32.57	32.59	Three key components required: -expanded problem focused interval history -an expanded problem focused examination; -medical decision making of moderate complexity. (Usually the patient is responding inadequately to the therapy or has developed a minor complication)
99353	40.58	40.74	Three key components required: -a detailed interval history; -a detailed examination; -medical decision making of high complexity. (Usually the patient is unstable or has developed a significant complication or a significant new problem)
99354	Non-covered by Medicaid		Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting; first hour

TN No. 96-04 Approval Date Aug 1 9 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Michigan
POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99355	Non-covered by Medicaid		Each additional 30 minutes
99358	Non-covered by Medicaid		Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); first hour
99359	Non-covered by Medicaid		Each additional 30 minutes

CASE MANAGEMENT SERVICES
TEAM CONFERENCES

99361	Non-covered by Medicaid		Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present)p approximately 30 minutes
99362	Non-covered by Medicaid		approximately 60 minutes

TELEPHONE CALLS

99371	Non-covered by Medicaid		Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals..., simple or brief.
-------	-------------------------	--	---

TN No. 96-04 Approval Date 07-01-96 Effective Date 07-01-96

Supersedes

TN No. 95-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of Michigan**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(OTHER THAN INPATIENT HOSPITAL AND LONG TERM CARE FACILITIES)**

Procedure Code	Average Amt. Paid 2nd Previous Year (1994)	07-01-96 Screen	Terminology
99372	Non-covered by Medicaid		intermediate
99373	Non-covered by Medicaid		complex or lengthy
PREVENTIVE MEDICINE SERVICES			
NEW PATIENT			
99381	42.30	47.14	Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures, new patient; infant (age under 1 year)
99382	46.34	51.22	early childhood (age 1 through 4 years)
99383	47.17	51.60	late childhood (age 5 through 11 years)
99384	49.58	57.62	adolescent (age 12 through 17 years)
99391	37.91	42.29	Periodic reevaluation and management of a health individual requiring a comprehensive history, comprehensive examination, the identification of risk factors and the ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age under 1 year)
99392	40.15	44.23	early childhood (age 1 through 4 years)
99393	40.87	44.23	late childhood (age 5 through 11 years)

TN No. 96-04 Approval Date APR 10 1996 Effective Date 07-01-96

Supersedes

TN No. 95-03